Board of Behavioral Sciences
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LICENSED PROFESSIONAL CLINICAL COUNSELOR OUT-OF-STATE EXPERIENCE VERIFICATION FOR UNLICENSED APPLICANTS OPTION 1 – STREAMLINED METHOD

This form is for unlicensed applicants. It must be completed by the applicant's supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 1" form to report hours under the streamlined method
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing and have the supervisor initial any changes
- Other documentation, such as W-2 forms and Supervisor Responsibility Statements are not required.

APPLICANT NAME:

Last	First	Middle	Intern Number PCI

Dates of experience being claimed:	From: ____________________ mm/dd/yyyy	To: ____________________ mm/dd/yyyy

SUPERVISOR INFORMATION:

Supervisor's Name	Telephone	Email Address **(OPTIONAL)**	
License Type	License Number	State	Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

  ☐ No ☐ Yes: Date Board Certified: ____________ Certification Number: __________________

Applicant: Last	First	Middle

APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer			Telephone
Address Number and Street	City	State	Zip Code

EXPERIENCE INFORMATION:

1. How many weeks of supervised experience are being claimed? ______ weeks

2. Hours of Experience:		**Total Hours**
a. Total Direct Counseling Experience *(Minimum 1,750 hours)*		
• Of the hours recorded on line "a" how many were gained while working with Couples, Families or Children?		
b. Total Non-Clinical Experience *(Maximum 1,250 hours)*		
• Of the above hours, how many were Face-to-Face Supervision?	**Hours Per Week**	**Total Hours**
o Individual		
o Group		

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: ____ Date: _______________

ORIGINAL SIGNATURE REQUIRED